

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

08/479,038 6/7/95
APPLICANT(S)

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9	2						59					
10	2						60					
11	2						61					
12	1		1				62					
13							63					
14	2						64					
15	2						65					
16	2						66					
17	2						67					
18	2						68					
19	2						69					
20	2						70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		3									
T. TAL DEP.	28	21	24									
T. TAL CLAIMS	30	24										

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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